

**EXHIBIT 5**

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA  
ERIE DIVISION

DEMETRIUS BROWN,	)	
Plaintiff,	)	
	)	
	)	
v.	)	C.A. No. 04-379 Erie
	)	
UNITED STATES,	)	
U.S. JUSTICE DEPARTMENT,	)	
BUREAU OF PRISONS (BOP),	)	
FCI MCKEAN, HARLEY G. LAPPIN-	)	
Director of BOP, NEWTON E.	)	
KENDIG- Medical Director of BOP,	)	
D. SCOTT DODRILL- Northeast Regi-	)	
onal Director of BOP, JOHN J.	)	
LAMANNA- Warden of FCI McKean,	)	
Defendants.	)	

**DEMETRIUS BROWN'S AFFIDAVIT  
TO PERSONAL INJURIES**

I, DEMETRIUS BROWN, herein as Plaintiff, hereby affirm and declare under penalty of perjury, 28 U.S.C. §1746, the following:

1. I, Demetrius Brown, Reg. No. 21534-039, am a federal prisoner currently incarcerated at FCI RayBrook. That, I currently am serving a 360 month sentence rendered by the United States District Court in the District of Minnesota. That, upon entering federal prison in July, 1997 at FCI McKean, I have been continuously exposed to Environmental Tobacco Smoke (ETS). That, upon transfer to FCI RaBrook in November, 2004, I had been continuously exposed to ETS until November, 2005 despite a national change in policy.

2. Prior to my imprisonment, beginning May 23, 1996, I had not been exposed to ETS. That, I had no exposure to ETS during my initial intake or between transfers. That, my only exposure to ETS came upon entering inside the general prison populations at FCI McKean and recently FCI RayBrook.

3. As a result of my exposure in the general prison populations among smoking inmates as well as staff, I suffered and am currently suffering from periodic, as well as chronic personal injuries. My personal injuries are nausea; an inability to eat; headaches; racing heart; chest pains; difficulty breathing; numbness in limbs; skin, nose, and eye irritations; hardening of tissue; dizziness; sore throat; coughing; weight loss; production of sputum; loss of hair follicles; exasperation of previously contracted STD; possible cancer; etc.

4. Upon entering FCI McKean in 1997, I was diagnosed as virtually a young healthy black male. I weighed 174 lbs, the sight for 20/20 vision, my skin, mouth and throat was normal, my blood pressure was normal although, I was documented as having had a previously contracted STD in 1991. But also, I was documented as being a non-smoker. See Attached Report of Medical Examination for 7/16/97.

5. Ater my exposure to ETS, bodily injuries began to occur. I experienced inflamation or swellings in teh mouth and throat area, my weight decreased due to the inability to eat, my blood pressure went up higher due to the carcinogens in tobacco smoke as my heart

began to race, my sight decreased from 20/20 to 20/15 in the right eye in which has a distinctive red marking near the pupil due to the irritating of tobacco smoke. My nose has been irritated due to the breathing of ETS, the inflammation of it which resulted in change. See Attached Report of Medical Examination for 6/25/03.

6. Later, because of the difficulty of reading at time due to the blurring of vision, I had to buy eye drops as well as reading glasses. My exposure to ETS has caused the injury of severe eye irritations to occur. In addition, having been experiencing nerve damage in that my left eye jitters as if blinking. This injury as well is caused by ETS exposure. See Attached Receipts of Purchase.

7. Plaintiff has recently, as of January 1, 2006, suffered personal injuries thought to at first been associated with eating bad food given by the Prison Officials causing an outbreak of symptoms resembling the "Hives." However, to Plaintiff's dissatisfaction after submitting two requests for a medical evaluation and seen by Clinical Director Dawn Marini, was told correctly on January 9, 2006 that Plaintiff was suffering from Pityriasis Rosea.

8. That, this was a kind of rare skin rash that had no known cause. That, it is a rash associated with oval like warts, reddish in kind with a severe itch. That, I was told it was nothing the Medical Staff could or would do to treat the rash because there is no known cure. However, I was told that as far as the itching was concerned, the Medical could provide a cream but, which in this

case, the rash covered my entire torso and a cream would be inadequate in supply. Instead, the Clinical Director instructed that I be given orally, a pill medication to reduce the itching. That, the Medication Hydroxyzine is to be taken at 50 mg for 30 days with a refill for prescription. That, I was informed that Pityriasis could last for several months, mutating the entire body if possible. See Attached Precscription Form. That, I was specifically rebuffed by Dawn M. Marini for accounting that the rash was probably from a package of sunflower seeds handed out by Prison Officials during the Christmas Holiday Season or for the mozerella cheese sold by the Prison Commissary as not being any of the causes associated with Pityriasis Rosea. See Data on Pityriasis Rosea.

9. That, afterward I conducted my own research at the Prison Leisure Library by logging in time to discover exactly what is Pityriasis Rosea and its cause. That, I was able to discover using the Webster's Third New International Dictionary Unabridged, the definition of Pityriasis Rosea. That, it stated: 1. One of several skin diseases marked by the formation and desquamation of branny scales; 2. A disease of domestic animals marked by dry epithelial scales or scurf due to alteration of the function of the sebaceous glands and possibly associated with digestive disorders. Further study of what the meaning of sebaceous glands led to: any of the small sacculated glands lodged in the substance of the derma, usually opening into the hair follicles. and secreting an oily greasy material composed in great part of fat which softens and lubricates the hair

and skin.

10. That, here the discovery found that I indeed have not only a rash of the skin but, that it is a skin disease. The disease marked by its characteristics is consistent with the suffering Plaintiff has been complaining about due to his exposure to ETS. That, Plaintiff is suffering from loss of appetite, skin irritations or itching, the discoloration of skin, loss of hair follicles, etc. The skin disease, Pityriasis Rosea, as stated above causes "dry epithelial scales or scurf due to alteration of the function of the sebaceous glands." Plaintiff affirms this is true concerning his exposure to Environmental Tobacco Smoke and will attest that such exposure is the likely cause of the skin disease Pityriasis Rosea, despite no known causes as informed by Dawn M. Marini.

11. Plaintiff affirms that he has requested and was seen by PA Hughes at FCI RayBrook concerning a rash in kind and discoloration of his skin previously. However, Plaintiff's claim was dismissed as a non concern resulting in the skin disease, Pityriasis Rosea. As Clinical Director, Dawn Mr. Marini, admitted, the initial rash or Mother Rash was the start to the proliferation of the rash spreading and covering my entire torso.

12. I have also been experiencing a newly formed spread of the skin disease believed to be Pityriasis Rosea or som other form associated with cancer. I recently requested to be seen by the Physician concerning this development after waiting for 6 months to see whether the so-called rash would dissipate as stated by Dr. Marini in my

last visit. However, this skin irritation has persisted and lasted longer than any Pityriasis Rosea. See Attached Inmate Request Form to Staff.

13. I am of the firm belief that this new skin irritation is the squamous type cell associated with cancer. It would be very rare for Pityriasis Rosea to affect the face. However, this is the very area that has been affected for some time. The conclusion is that this injury is the result of my exposure to ETS. See Attached Picture of Plaintiff's face.

14. I entered FCI McKean and FCI RayBrook having previously contracted an STD and after years of exposure had the STD exasperated. I reported to the FCI RayBrook medical facility that it appeared to have been a cold sore located on my upper lip. The medical practitioner informed me however, after examination, that the affected area was a herpes simplex virus I. This diagnosis is consistent with a sexually active person. However, I have not been sexually active since entering the Federal Correctional Institutions of both McKean and RayBrook. I only understand that this is an injury where my exposure to ETS has exasperated the previous STD experienced in 1991. See Attached Medical Diagnosis Sheet; see also Defendant's Exhibit 5, Declaration of Dawn Marini at ¶3h.

15. Not related to exposure to ETS but, to clarify that I did not suffer any injury caused from a putty knife slipping into my hand. I did not suffer any superficial wound or scratch like on

September 19, 1997, as reported in the Inmate Injury and Assessment Follow-up Medical File. This injury report is inaccurate as it states the name of the injured person to being Brown, Thomas. See Attached Inmate Injury and Assessment and Follow-Up .

I, DEMETRIUS BROWN, hereby affirm and declare under penalty of perjury, 28 U.S.C. §1746, that the foregoing is true and correct.

3-8-07  
Dated

Demetrius Brown

cc:file  
db/db



MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM
1. LAST NAME-FIRST NAME-MIDDLE NAME <i>Brown, Demetrius</i>		2. IDENTIFICATION NUMBER <i>21534-039</i>		3. GRADE AND COMPONENT OR POSITION
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code) <i>16134 Greenview Detroit, MI. 48219</i>		5. EMERGENCY CONTACT (Name and address of contact) <i>Kimberly Moore 16134 Greenview Det, MI. 48219</i>		
6. DATE OF BIRTH <i>2/8/72</i>	7. AGE <i>25</i>	8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE		9. RELATIONSHIP OF CONTACT <i>Wife</i>
10. PLACE OF BIRTH <i>Detroit</i>		11. RACE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		
12a. AGENCY <i>ROP-DO5</i>		12b. ORGANIZATION UNIT <i>FCI McKean</i>		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>FCI McKean Box 5000 Bradford, PA</i>		15. RATING OR SPECIALTY OF EXAMINER <i>A + O</i>		
16. PURPOSE OF EXAMINATION				

## 17. CLINICAL EVALUATION

NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL	NOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	A. HEAD, FACE, NECK AND SCALP			O. PROSTATE (Over 40 or clinically indicated)	
	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)	<input checked="" type="checkbox"/>		P. TESTICULAR	<i>NE</i>
	C. DRUMS (Perforation)	<input checked="" type="checkbox"/>		Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
<input checked="" type="checkbox"/>	D. NOSE			R. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	E. SINUSES			S. G-U SYSTEM	
<input checked="" type="checkbox"/>	F. MOUTH AND THROAT			T. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)			U. FEET	
<input checked="" type="checkbox"/>	H. OPHTHALMOSCOPIC			V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	I. PUPILS (Equality and reaction)			W. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	J. OCULAR MOTILITY (Associated parallel movements nystagmus)			X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	<i>See #531</i> <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	K. LUNGS AND CHEST			Y. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	L. HEART (Thrust, size, rhythm, sounds)			Z. NEUROLOGIC (Equilibrium tests under item 41)	
<input checked="" type="checkbox"/>	M. VASCULAR SYSTEM (Varicosities, etc.)			AA. PSYCHIATRIC (Specify any personality deviation)	<i>NE</i>
<input checked="" type="checkbox"/>	N. ABDOMEN AND VISCERA (Include hernia)			BB. BREASTS	<i>U/A</i>
				CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

*B + C impacted women, TM not visualized.*

COPY

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
1		2		3		Restorable Teeth		Non- restorable teeth		Missing Teeth		X X X 1 2 3 Replaced by Dentures		Fixed Partial Dentures					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		

## 19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR PPD (Place date, film number and result)	
(2) URINE ALBUMIN		(4) MICROSCOPIC	
(3) URINE SUGAR			
SYNOPSIS SEROLOGY (Specify test used and results)		D. EKG	E. BLOOD TYPE AND RH FACTOR
		F. OTHER TESTS	

000007

## MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT 5'9"		21. WEIGHT 174		22. COLOR HAIR black		23. COLOR EYES brown		24. BUILD <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				25. TEMPERATURE 97.6									
26. BLOOD PRESSURE (Arm at heart level)						27. PULSE (Arm at heart level)															
A. SITTING SYS. 116 DIAS. 76		B. RECLINANT SYS. DIAS.		C. STANDING (5 mins.) SYS. DIAS.		A. SITTING		B. RECLINANT		C. STANDING (3 mins.)		D. AFTER EXERCISE E. 2 MINS. AFTER									
28. DISTANT VISION						29. REFRACTION						30. NEAR VISION									
RIGHT 20/ 20		CORR. TO 20/		BY S. CX		CORR. TO		BY		CORR. TO		BY									
LEFT 20/ 20		CORR. TO 20/		BY S. CX		CORR. TO		BY		CORR. TO		BY									
31. HETEROPHORIA (Specify distance)																					
ESO		EXO		R.H.		L.H.		PRISM DIV.		PRISM CONV. CT		PC PD									
32. ACCOMMODATION				33. COLOR VISION (Test used and result)				34. DEPTH PERCEPTION (Test used and score)				UNCORRECTED									
RIGHT LEFT				(N)								CORRECTED									
35. FIELD OF VISION				36. NIGHT VISION (Test used and score)				37. RED LENS TEST				38. INTRAOCULAR TENSION									
RIGHT LEFT												RIGHT LEFT									
39. HEARING				40. AUDIOMETER								41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)									
RIGHT WV		/15 SV		/15		250		500		1000		2000		3000		4000		6000		8000	
						256		512		1024		2048		2896		4096		6144		8192	
LEFT WV		/15 SV		/15		RIGHT															
						LEFT															

## 42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

1992 - Hand Fx and surgery done  
(R)

25 y/o, Black male  
non smoker  
NKPA  
Hx of STD - 1991 - treated  
w/ HIV test in the past

(Use additional sheets if necessary)

## 43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

## 44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

## 46. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR  
B. ☐ IS NOT QUALIFIED FOR

Regular Duty

## 47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

## 45A. PHYSICAL PROFILE

P U L H E S

## 45B. PHYSICAL CATEGORY

A B C E

## 48. TYPED OR PRINTED NAME OF PHYSICIAN

M. TARR, MLP

## SIGNATURE

*M. Tarr*

## 49. TYPED OR PRINTED NAME OF PHYSICIAN

D. OLSON, M.D.

## SIGNATURE

*D. Olson*

## 50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Specify which)

## SIGNATURE

## 51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

## SIGNATURE

000008

P.S. 6000.05

September 15, 1996

Attachment IV-E, Page 1

FEDERAL BUREAU OF PRISONS  
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication?  
If so, what? \_\_\_\_\_ yes ☒ no
2. Are you allergic to or have you had a reaction  
to any medication or drug? If so, what?  
\_\_\_\_\_ yes ☒ no
3. Have you been under the care of a physician during  
the past two years? If so, why? \_\_\_\_\_ yes ☒ no
4. Have you been hospitalized in the past two years?  
If so, why? \_\_\_\_\_ yes ☒ no
5. Do you have or have you ever had a heart murmur  
or been treated for a heart condition? yes ☒ no
6. Do your ankles ever swell during the day? yes ☒ no
7. Have you ever been treated for a tumor or growth? yes ☒ no
8. Have you ever had abnormal bleeding? yes ☒ no
9. Have you ever had serious difficulty with any  
dental treatment? yes ☒ no
10. Have you ever had clicking, popping, or pain  
in your jaw joint? yes ☒ no

Circle any of the following that you have had:

Congenital heart defects  
 Heart attack or heart problems  
 Stroke  
 Rheumatic Fever  
 Asthma  
 Anemia (blood problems)  
 Thyroid problems  
 Chronic bronchitis  
 Venereal disease (syphilis, gonorrhea)  
 Arthritis  
 Artificial heart valve  
 Hepatitis

- Heart murmur
- Angina
- High Blood pressure
- Heart pacemaker
- Epilepsy or seizures
- Diabetes
- AIDS or HIV infection
- Emphysema
- Tuberculosis (TB)
- Psychiatric treatment
- Artificial joint

Do you currently use tobacco (cigarettes, chewing tobacco, snuff)?

Do you have any disease, condition, or problem not listed?  
WOMEN ONLY: Are you pregnant?

Reviewed

[illegible]

Name: Debra Ann Johnson

Reg No. 31534-039

000037

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM <i>4/25/03</i>
1. LAST NAME-FIRST NAME-MIDDLE NAME <i>Brown Demetrius</i>		2. IDENTIFICATION NUMBER <i>21534-039</i>		3. GRADE AND COMPONENT OR POSITION
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code) <i>16134 Greenview Detroit, MI. 48219</i>		5. EMERGENCY CONTACT (Name and address of contact) <i>Al Brown 24329 Leewind Detroit, MI. 48219</i>		
6. DATE OF BIRTH <i>2/8/72</i>	7. AGE <i>31</i>	8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	9. RELATIONSHIP OF CONTACT <i>DAD</i>	
10. PLACE OF BIRTH <i>Detroit, MI.</i>		11. RACE <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		
12a. AGENCY <i>BOPDOT</i>		12b. ORGANIZATION UNIT <i>FCI McKean</i>		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY _____ b. CIVILIAN _____
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS  <i>P.O. Box 5000 Bradford, PA 16701</i>		15. RATING OR SPECIALTY OF EXAMINER		
		16. PURPOSE OF EXAMINATION <i>At Annually</i>		

## 17. CLINICAL EVALUATION

NOR MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR MAL	NOR MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR MAL
<input checked="" type="checkbox"/>	A. HEAD, FACE, NECK AND SCALP		<input checked="" type="checkbox"/>	O. PROSTATE (Over 40 or clinically indicated)	
<input checked="" type="checkbox"/>	B. EARS-GENERAL (INTERNAL CANALS) <i>Scant Cerumen</i> (Auditory acuity under items 39 and 40)		<input checked="" type="checkbox"/>	P. TESTICULAR	
<input checked="" type="checkbox"/>	C. DRUMS (Perforation) <i>TME &amp; start of fid.</i>		<input checked="" type="checkbox"/>	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
<input checked="" type="checkbox"/>	D. NOSE <i>(+) DNS - RT</i>		<input checked="" type="checkbox"/>	R. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	E. SINUSES		<input checked="" type="checkbox"/>	S. GU SYSTEM	
<input checked="" type="checkbox"/>	F. MOUTH AND THROAT <i>(+) Tonsils 1+ Smooth</i>		<input checked="" type="checkbox"/>	T. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)		<input checked="" type="checkbox"/>	U. FEET	
<input checked="" type="checkbox"/>	H. OPHTHALMOSCOPIC		<input checked="" type="checkbox"/>	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	I. PUPILS (Equality and reaction)		<input checked="" type="checkbox"/>	W. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	J. OCULAR MOTILITY (Associated parallel movements nystagmus)		<input checked="" type="checkbox"/>	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	K. LUNGS AND CHEST		<input checked="" type="checkbox"/>	Y. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	L. HEART (Thrust, size, rhythm, sounds)		<input checked="" type="checkbox"/>	Z. NEUROLOGIC (Equilibrium tests under item 41)	
<input checked="" type="checkbox"/>	M. VASCULAR SYSTEM (Varicosities, etc.)		<input checked="" type="checkbox"/>	AA. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	N. ABDOMEN AND VISCERA (Include hernia)		<input checked="" type="checkbox"/>	BB. BREASTS	
			<input checked="" type="checkbox"/>	CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

*Neck - FROM, PLA, (+) TMT, & Bruises*

COPY

18. DENTAL (Place appropriate symbols shown in examples, above or below number of upper and lower teeth)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES														
1 2 3 Restorable Teeth						Non restorable teeth			Missing Teeth			Replaced by Dentures			Fixed Partial Dentures																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	

## 19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS. (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR PPD (Place date, film number and result)	
(2) URINE ALBUMIN	(4) MICROSCOPIC		
(3) URINE SUGAR			
C. SYPHILIS SEROLOGY (Specify test used and results)	D. ERG	E. BLOOD TYPE AND RH FACTOR	F. OTHER TESTS

000005

## MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT 5' 10"		21. WEIGHT 170#		22. COLOR HAIR Black		23. COLOR EYES Brown		24. BUILD <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		25. TEMPERATURE 98	
26. BLOOD PRESSURE (Arm at heart level)						27. PULSE (Arm at heart level)					
A. SITTING SYS. 138 DIAS. 74		B. RECUMBENT SYS. DIAS.		C. STANDING (5 mins.) SYS. DIAS.		A. SITTING 74		B. RECUMBENT 112		C. STANDING (3 mins.)	
28. DISTANT VISION 20/15 20/40						29. REFRACTION					
RIGHT 20/15		CORR. TO 20/		BY		S.		CX		CORR. TO	
LEFT 20/20		CORR. TO 20/		BY		S.		CX		CORR. TO	
30. NEAR VISION											
CORR. TO		BY		CORR. TO		BY		CORR. TO		BY	
31. HETEROPHORIA (Specify distance)											
ESO		EXO		R.H.		L.H.		PRISM DIV.		PRISM CONV. CT	
32. ACCOMMODATION				33. COLOR VISION (Test used and result)				34. DEPTH PERCEPTION (Test used and score)			
RIGHT NL		LEFT NL		OK				UNCORRECTED			
RIGHT NL		LEFT NL		NE				CORRECTED			
35. FIELD OF VISION				36. NIGHT VISION (Test used and score)				37. RED LENS TEST			
RIGHT NL		LEFT NL		NE				38. INTRAOCULAR TENSION			
RIGHT		LEFT						RIGHT LEFT			
39. HEARING				40. AUDIOMETER				41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV		/15 SV		/15		250 500 1000 2000 3000 4000 6000 8000		250 512 1024 2048 2896 4096 6144 8192			
LEFT WV		/15 SV		/15		RIGHT		LEFT			

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

- WD/WV & HM  
 - Dental Services - 2 wks prior to all good & cleaning & restoration required  
 - PPD done 7/8/03 - results pending Recal 7-10-03

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Return PPD-Clinic @ Biannual &amp; 8 Per

45. EXAMINEE (Check)

A. ☒ IS QUALIFIED FORB. ☐ IS NOT QUALIFIED FOR

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

Regular Housing &amp; Recs &amp; Work

45A. PHYSICAL PROFILE

P U L H E S

45B. PHYSICAL CATEGORY

A B C E

48. TYPED OR PRINTED NAME OF PHYSICIAN

Robert E. Piotrowski, PA-C

SIGNATURE

Robert E. Piotrowski, PA-C

49. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

[Signature]

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

D. Olson MD

Director

SIGNATURE

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

Sales Invoice ---I.O.U.  
Ray Brook FCI

MAIN

Account No. 21534039 LK3003  
BROWN, DEMETRIUS  
12/06/2004 12:22:48 AM TX#547791 39

BEGINNING BALANCES:

Available Balance is \$05.33

Spending Limit Balance is \$272.45

Account Balance is \$85.33

Qty	Description	Price
1	CHERRY SANDWICH	\$0.30
1	CHOCOLATE MUDON	\$0.35
1	AFTER SHAVE L.C	\$1.35
1	SHOE INSOLES	\$2.75
1	TONE SOAP	\$1.05
1	TONE SOAP	\$1.05
1	BUD'S BUTTERFINGE	\$1.00
1	BBQ CORN CHIPS	\$0.95
1	BUD'S OREO COOKIE	\$1.00
4	KOPCORN X-BUTTER	\$1.00
1	COLUMBIAN COFFEE	\$5.85
1	TREND W/LEACH	\$1.60
1	ENERGY WARD	\$0.85
1	OPTI CLEAR DROPS	\$2.20
1	HERITAGE CONDITIC	\$2.50
1	HAIR FOOD	\$2.55
1	AA BATTERIES - 10	\$2.80
1	WITE-OUT	\$2.35
1	PEN	\$0.40
1	SHAVE LOTION W/AL	\$2.10
1	COPIER CARD	\$5.85
10	37 CENT SINGLE ST	\$3.70
*3	PHOTO TICKET/ FCI	\$3.00

Total \$49.50

Charge 21534039 249.50

Items marked with \* are Local Use Only

ENDING BALANCES:

Available Balance is \$35.83

Spending Limit Balance is \$272.45

Sales Invoice ---S.B.U.---  
Ray Brook FCI

MAIN

Account No. 21534035 RPK3002  
BREM, DEMETRIUS  
09/20/2005 11:25:46 AM TXA707723 20

**BEGINNING BALANCES:**

Available Balance is \$90.45  
Spending Limit Balance is \$284.40  
Account Balance is \$90.45

Qty	Description	Price
1	READING GLASSES	\$2.10
23	MACKEREL FILLETS	\$23.30
1	PEANUT BUTTER	\$2.20
1	TREND W/LEACH	\$1.60
1	POTATO BREAD	\$1.45
1	TUNE SOAP	\$1.05
1	TONE SOAP	\$1.05
2	ASSORTED ICE CREA	\$3.30
1	CLIP-ON SUNGLASSE	\$6.00
1	CLIP-ON SUNGLASSE	(\$6.00)
1	PEN	\$0.40
1	PEN	\$0.60
1	CLOSE-UP FRESHENI	\$1.75
1	SPEED STICK, SPOR	\$3.10
4	GREETING CARDS	\$2.00
1	AAA - PANASONIC	\$1.95
1	AA - PANASONIC	\$1.95
2	2PK. GARLIC	\$0.60
2	FISH STEAKS	\$1.60
*4	PHOTO TICKET/ FCI	\$4.00
1	COPIER CARD	\$5.85

Total \$62.65

Charge 21534035 \$62.65

Items marked with \* are Local Use Only

**ENDING BALANCES:**

Available Balance is \$27.80  
Spending Limit Balance is \$221.75  
Account Balance is \$27.80

Signature

\*\*\* ALL SALES FINAL \*\*\*



**COMMON USES:** This medicine is an antihistamine used to treat anxiety, to relieve itching caused by allergic conditions, and to cause drowsiness. It may also be used to treat other conditions as determined by your doctor.

**BEFORE USING THIS MEDICINE:** INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

**HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. THIS MEDICINE MAY BE TAKEN WITH FOOD if it upsets your stomach. STORE THIS MEDICINE at room temperature in a tightly-closed container, away from heat and light. IF YOU MISS A DOSE OF THIS MEDICINE and you are using it regularly, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

**CAUTIONS:** THIS MEDICINE WILL ADD TO THE EFFECTS of other depressants and alcohol. Ask your pharmacist if you have questions about which medicines are depressants. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. Caution should be used in the elderly since they may be more sensitive to the effects of this drug. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS DRUG IS EXCRETED in breast milk. DO NOT BREAST-FEED while taking this medicine.

**POSSIBLE SIDE EFFECTS:** SIDE EFFECTS, that may go away during treatment, include drowsiness or dry mouth. If they continue or are bothersome, check with your doctor. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include unusual drowsiness and dizziness.

**ADDITIONAL INFORMATION:** DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

Database Edition 05.4 - Expires January 2006  
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FCI RAY BROOK PHARMACY (518) 897-4000  
PO BOX 300 - RAY BROOK, NY 12977  
368326 E. SWEATT 01/09/06  
BROWN, DEMETRIUS 21534-039  
FCI RAY BROOK - A01-147U  
\*\*\*PILL LINE\*\*\* TAKE TWO TABLETS ( 50MG  
) @ 1930

HYDROXYZINE 25 MG TAB #2  
(0)Refills 01/09/2006 LIS RxExp 02/07/06

CAUTION: Federal/State law prohibits transfer of this drug  
to any person other than patient for whom prescribed.

Pityriasis

rosea



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the Web



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Sponsored by: NIKEWM

## Encyclopedia provided by: Healthwise

### Pityriasis Rosea

#### Topic Contents

[Topic Overview](#)  
[Related Information](#)  
[References](#)  
[Credits](#)

**Related Encyclopedia Topics: Ringworm of the Skin, Skin Changes, Tinea Versicolor**

#### Topic Overview

##### What is pityriasis rosea?

Pityriasis rosea is a harmless, common skin problem that causes a rash. Although it can occur at any age, it is most often in those between the ages of 10 and 35.

See an illustration of [pityriasis rosea](#).

##### What causes pityriasis rosea?

The cause of pityriasis rosea is unknown. Unlike many other skin conditions, it is not an [allergic reaction](#) or caused by [fungus](#) or bacteria. Experts suggest that it may be caused by a virus, although it does not seem to spread from person to person (contagious) as most viruses do.

##### What are the symptoms?

Pityriasis rosea causes a rash.

The rash often begins with a single, round-to-oval, pink patch that is scaly with a raised border (herald patch). It ranges from 2 cm (0.8 in.) to 10 cm (3.9 in.). The larger size is more common. See an illustration of a herald patch. Days to weeks later, salmon-colored, 1 cm (0.4 in.) to 2 cm (0.8 in.) oval patches appear in batches on the abdomen, chest, back, arms, and legs. Patches sometimes spread to the neck but rarely to the face.

Patches on the back are often vertical and angled to form a "Christmas tree" or "fir tree" appearance.

The rash usually does not itch, although there may be mild itching. About 25% of people with the condition have itchy skin.<sup>1</sup>

The rash usually lasts 6 to 8 weeks, but it can last up to several months.

The rash may take other forms. Rounded bumps (papular rash) may be seen in young children, pregnant women, and older adults; and blisters (vesicular rash) may be seen in infants and young children. In some people, the herald patch appears, or two herald patches may appear close together.

Before the herald patch appears, you may feel tired and as though you have a cold. You may have a headache, sore throat, and loss of appetite.

The pityriasis rosea rash is similar to the rash seen in other skin conditions, including ringworm of the skin, tinea, eczema, and psoriasis.

A rash similar to pityriasis rosea is also caused by certain medications, such as antibiotics, and by syphilis.

### How is pityriasis rosea diagnosed?

Your health professional will diagnose pityriasis rosea by looking at the rash. Diagnosis can be difficult when only one patch is visible; the condition is often mistaken for ringworm or eczema at this time. Once the rash appears, diagnosis is generally clear.

If the diagnosis is unclear, your health professional may do a potassium hydroxide (KOH) test to make sure it is not a fungus infection. A skin sample may be taken from the infected area and examined under the microscope (biopsy). If the diagnosis is unclear in a sexually active person, a test for syphilis is often done.

### How is it treated?

Pityriasis rosea will usually go away in 6 to 8 weeks without treatment. If the rash itches, you may wish to use skin lotions and lubricants to soothe itching. If symptoms are severe, anti-inflammatory medications such as corticosteroids may be used to relieve itching and reduce the rash. Some people may try other medications, such as antifungals, because the rash looks like ringworm. However, because pityriasis rosea is not caused by a fungus, these medications are not effective.

Exposing the rash to sunlight may make it go away more quickly. However, exposing your skin to the sun too long can result in sunburn and increase your risk of skin cancer.

If the rash lasts more than 3 months, contact your health professional.

To relieve itching at home:

- Keep the itchy area cool and moist. Apply washcloths soaked in ice water. However, remember that repeated drying will actually dry your skin. Dry skin can worsen itching caused by a rash.

- Avoid taking hot showers or baths. Keep the water as cool as you can tolerate.

- Try an oatmeal bath, such as Aveeno Colloidal Oatmeal bath, to help relieve itching. You may also wrap 1 cup of oatmeal in a cotton cloth and boil as you would to cook oatmeal. Use this as a sponge and bathe in cool water without soap.

- Try a nonprescription 1% hydrocortisone cream for small itchy areas. Use the cream very sparingly on the face.
- A nonprescription antihistamine medication, such as chlorpheniramine maleate (Chlor-Trimeton) or diphenhydramine (Benadryl), may also reduce itching.

Apply a moisturizer or calamine lotion to the skin while it is damp.  
Wear cotton or silk clothing. Avoid wearing wool and acrylic fabrics next to your skin.  
Use as little soap as possible. Use gentle soaps, such as Basis, Cetaphil, Dove, or Oil of Olay. Avoid deodorant when you have a rash.

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Author: [Paul Lehnert](#)

Medical Review: [Adam Husney, MD - Family Medicine](#)

Last Updated: July 8, 2004



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U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Medical Staff	DATE: 2/27/07
FROM: Demetrius Brown	REGISTER NO.: 21534-039
WORK ASSIGNMENT: Unit Orderly	UNIT: Ausable

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I would like to request medical attention for an area located

on my face which appears to be a squamous cell reddish in color.

This marking has appeared on my body before in the neck and torso

area. At that time, I was diagnosed with Pityriasis rosea. I am not

exactly sure whether these markings are signs of cancer but, possibly

are. Therefore, I would like an examination to conclude if so or not.

*Demetrius Brown*

(Do not write below this line)

DISPOSITION:

Make a sick call appointment  
(fill out sick call paperwork)  
and come to health svc.  
Mon, Tue, Thurs, Fri at 6:15 AM or  
when your unit is let out for breakfast

Signature Staff Member <i>Sweat</i>	Date 3/4/07
--	----------------

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



028 NEE#15H NNNH 11.27.06 018 Snapshot

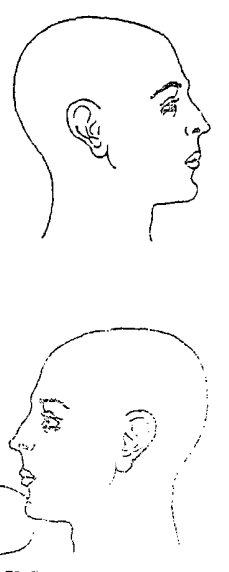
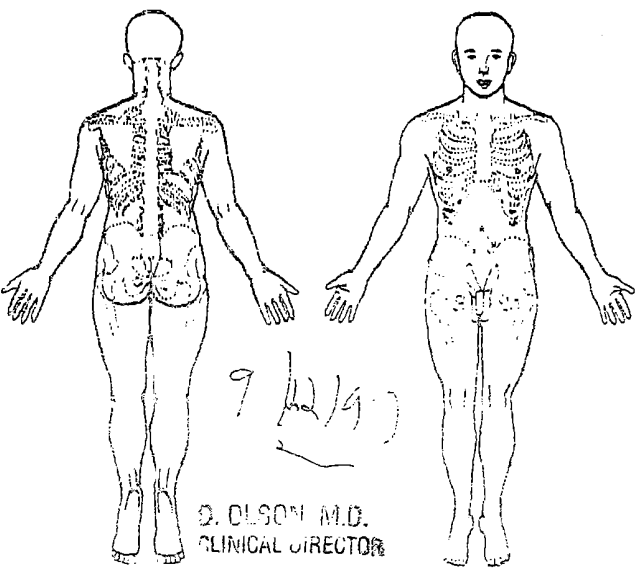
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
10/25/05 1400	<p>S c/o cold on 1 lip x 1 week. and hyperpigmentation</p> <p>(D) 34yo male area of face p "blackhead burst"</p> <p>O 27yo AA ♂ NAD</p> <p>(D) 34yo male area linear hyperpigmentation</p> <p>• distinct edges. No raised area, no acne noted. (Will print to monitor)</p> <p>HSV 1 c center cleft lip <del>to</del> right lip to cleft healing, flat papule of drainage of flesh colored</p> <p>A HSV 1</p> <p>Hyperpigmentation l.s. on</p> <p>p education - above</p> <p>PAID</p>
11/9/06 1250	<p>S/ Sick call- Since last Monday (7 days) has</p> <p>9/10 rash on stomach and arms. Ate sunflower seeds and cheese from Commissary. Developed rash after this time frame Denies hives. Rash is itchy esp at night. Denies any change in soaps, detergent or lotions.</p> <p>O/ Trunk (arms and upper thighs) diffuse flat hyperpigmented rash both front and back. Has larger "mother" lesion on (L) side of neck</p> <p>A/ Pityriasis rosacea</p> <p>P/ Dr Marini consulted. Pt educated that rash could take 6-12 weeks to clear.</p> <p>hydroxyzine 50 mg qHS pill line x 30d.</p>

Ord. Date 01/09/06 BROWN, DEMETRIUS E. SWEATT 210  
 21534-039 (0) Refills  
 Exp. Date 02/07/08 \*\*\*PILL LINE\*\*\* TAKE TWO TABLETS (50MG) @ 1930  
 Rx # 368326 HYDROXYZINE 25 MG TAB 1/2

INFORMED WITH E. SWEATT, RPA, AHSA

U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

INMATE INJURY ASSESSMENT AND FOLLOWUP  
(Medical)

1. Institution <b>FBI MEKEAN</b>	2. Name of Injured <b>BROWN THOMAS</b>	3. Register Number <b>421 34-061</b>
4. Injured's Duty Assignment <b>UNICOR</b>	5. Housing Assignment <b>1B</b>	6. Date and Time of Injury <b>9/19/97 1820</b>
7. Where Did Injury Happen (Be specific as to location) <b>unicor</b>	Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Date and Time Reported for Treatment <b>9/19/97 1830</b>
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) <b>Scraping a board with putty knife &amp; slip &amp; went into my hand</b>  <b>Thomas Brown</b> Signature of Patient		
10. Objective: (Observations or Findings from Examination) <b>0.5 cm superficial wound a scratch like</b>	X-Rays Taken _____ Not Indicated <input checked="" type="checkbox"/> X-Ray Results _____	
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) <b>superficial wound</b>		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) <b>1. apply Butterfly and Band Aid after cleaning the wound</b>		
13. This Injury Required:  <input checked="" type="checkbox"/> a. No Medical Attention <input type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain)  <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician  <b>D. Olson</b> Signature of Physician or Physician Assistant		 <b>9/21/97</b> <b>D. OLSON M.D.</b> CLINICAL DIRECTOR

Original - Medical File

Copy - Safety

Post - Work - Submit to (Work-related notes)

Self Carboned Form - If ballpoint pen is used, PRESS HARD

000044